

North Carolina Department of Health and Human Services Division of Public Health – Women's & Children's Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917 Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

November 24, 2009

MEMORANDUM

TO:

Select Local Health Departments

FROM:

Beth Rowe-West, RN, BSN, Head

Immunization Branch

SUBJECT:

Reporting requirements for ARRA school flu clinic project

The purpose of this memo is to outline the reporting requirements for the American Recovery Reinvestment Act (ARRA) project to increase the number of school-aged children vaccinated with seasonal influenza vaccine.

The Immunization Branch is required to report quarterly to the Centers for Disease Control on this project. Each health department must complete the reporting form and submit information to the Immunization Branch on the following dates:

- December 31, 2009
- March 31, 2010
- Final reports are due by July 1, 2010

The reporting form is included here and can be found on our website at www.immunizenc.com. Forms must be returned by COB on the dates above by fax to the attention of Kristen Carroll at 919-870-4824 or by email to kristen.Carroll@dhhs.nc.gov. A few important notes about the reporting form:

- Please include as much information as you have on the students you vaccinated. You may not have all of the
 information and some fields may be blank, but please include as much as you can.
- Under the budget section, please include all information about personnel expenses. Report any money spent
 from the ARRA funds for retaining positions, hiring temporary staff (either part or full time); or contracting with any
 nursing agencies, etc for staff time.
- We realize some counties may be finished with their project and the report in December may be their final report
 or at least include all data about who was vaccinated. Include as much information as you have to report. If all
 money has been spent, please report that as well. We will send another reminder when the next report is due,
 and you only have to report information that has not been reported thus far. The next reports may only include
 financial information, or very little data on who was vaccinated.

If you have exhausted opportunities to offer vaccine to students through the schools, please continue to still vaccinate children using ARRA seasonal flu vaccine in your health department.

If you have questions regarding reporting or the project please call Kristen Carroll at the Immunization Branch Central Office at 919-707-5596.

CC-

SMT CO Staff

Jessica Gerdes Joy Reed

Regional Immunization Staff

Local Health Directors

ARRA (Seasonal Flu School) Project Report

Please answer all 6 parts of this report. The report is due to the Immunization Branch by December 31, 2009. Please email completed reports to Kristen.Carroll@dhhs.nc.gov or fax to 919-870-4824. If there are questions, please contact Kristen at 919-707-5596. Thank you

County:

Name of person completing report:

Date Report Completed:

Part 1. Please list each grade offered vaccine separately by school for clinics held in the schools

private/ public/ charter	grade level	clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
Public	6th	11/5/2009	100	30	10
Public	7th	11/6/2009	95	40	0
_					
	public/ charter	public/ level charter Public 6th	public/ charter level clinic Public 6th 11/5/2009 Public 7th 11/6/2009	public/ charter level lev lev	charter grade FluMist (nasal) Public 6th 11/5/2009 100 30 Public 7th 11/6/2009 95 40

Part 2. Please list any students who came into the health department to get a flu vaccine. Please include as much information as you have, if you do not know the grade level of a student, please include ages (example below).

Name of School	private/ public/ charter	grade level	Date of immunization	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
ex: ABC Elementary	Public	6th	11/5/2009	5	2
ex: ABC Elementary	Public	7th	11/6/2009	0	2
ex: Not available		6 years old	10/21/09	4	14
				-	
			1		

Name of School	private/ public/ charter	grade level	Date of clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
					k = -	+
	_	-	-	+	-	
		ļ		-		
					-	
		-				
			-			
		-		-		
					+	
			-			
				-		
	_				-	
Total						

Name of School	private/ public/ charter	grade level	Date of clinic	# kids enrolled in grade	# kids receive FluMist (nasal)	# kids receive Injectable flu vaccine
				-		
		-				
		-				
	15	Z-				
				-		
				.0		
		Ī				
					t	7
			10			
Total				1	1	

Part 3. Please list details for flu vaccine administered to school staff and/or teachers

Name of school	private/public/charter	# of teachers/staff receive FluMist	# of teachers/staff receive injectable flu
ex: ABC Elementary	public	10	
	2		
Total			

			3		
Part 5.	Please list any suc	cesses from this	project:		

Part 4. Please list any challenges you had during this project:

Part 6.

Provide an itemized listing of aid to county funds expended, including positions created or retained, goods purchased, travel, and other (please specify). For personnel items, please include number of temp staff hired and include full-time and part-time staff.

Category	Amount	
Supplies		
Ex: needles	\$100	
Advertising/Printing		
Ex: paper	\$ 300	
Personnel		
Ex: Retained positions		
Ex: Temp staff (# of staff, nursing, da	ata entry, etc)FT or PT	
Travel		
Equipment		
Ex: computer	\$1000	
A CANADA		
Other		